RECEIVED CENTRAL FAX CENTER

MAY 2 5 2005

Sample Form (09-04)

AUTHORIZATION TO ACT IN A	REPRESENTATIVE	CAPACITY

In re	Application of: ALZA Corporation	•			
Appli	cation No. 10/608,304	•			
Filed	June 27, 2003				
Title:	Title: TRANSDERMAL DRUG DELIVERY DEVICES HAVING COATED MIROPROTRUSIONS				
Atton	ney Docket No. ARC3074R1	Art Unit:			
The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:					
	Name		Registration Number		
,	RALPH FRANCIS		38,884		
This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.					
SIGNATURE of Practitioner of Record					
Signa	lure Lygo z wareni		Date 5/25/05		
Name	Angela Nwaneri	•	Registration Mo., if applicable 34,229		
Telep					

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.